

Form D

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SEC 1972 (6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated by the filing of a federal notice.



PROCESSED
MAR 0 8 2002
THOMSON
FINANCIAL

UNITED STATES
SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response1

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Deutsche Bank Americas Holding Corp. Deferred Compensation Plan – Offering of Interests in a Deferred Compensation Plan (i.e., a debt security)				
Filing Under (Check box(es) that apply)	[] <u>Rule 504</u> [] <u>Rule 505</u> [X] <u>Rule 506</u> [] Section 4(6) [] ULOE			
Type of Filing: [X] New Filing [] Amendment			

A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change Deutsche Bank Americas Holding Corp.)					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
31 West 52nd Street New York, NY 10019 212-469-8000						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A Telephone Number (Including Area						
Brief Description of Business Investment banking.						
Type of Business Organization						
[X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed						
Actual or Estimated Date of Incorporation or Organization 9 1991	[X] Actual [] Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction)						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA						
2. Enter the information requested for the following:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Each promoter of the issuer, if the issuer has been organized with						
Each beneficial owner having the power to vote or dispose, or di	rect the vote or disposition	of, 10% or				
of a class of equity securities of the issuer;	•	•				
Each executive officer and director of corporate issuers and of co	orporate general and manag	ing partners of par	tnership issuers;			
and	, ,		•			
Each general and managing partnership issuers.						
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director	[]General and/or Managing Partner			
Full Name (Last name first, if individual) Clarke, Stuart						
Business or Residence Address (Number and Street, City, State, Zip Code 31 West 52 nd Street, New York, NY 10019)					
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director	[]General and/or Managing Partner			
Full Name (Last name first, if individual) Curtis, Thomas						
Business or Residence Address (Number and Street, City, State, Zip Code 31 West 52 nd Street, New York, NY 10019						
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director	[]General and/or Managing Partner			
Full Name (Last name first, if individual) McKenzie, Marc						
Business or Residence Address (Number and Street, City, State, Zip Code 31 West 52 nd Street, New York, NY 10019)					
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director	[]General and/or Managing Partner			
Full Name (Last name first, if individual) Valenti, Michelle						
Business or Residence Address (Number and Street, City, State, Zip Code 31 West 52 nd Street, New York, NY 10019)					
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director	[]General and/or Managing Partner			
Full Name (Last name first, if individual) Zacharia, Andrew						
Business or Residence Address (Number and Street, City, State, Zip Code 31 West 52 nd Street, New York, NY 10019	,					
Check Box(es) that Apply: [] Promoter [] Beneficial Owner	[] Executive Officer	[] Director	[]General and/or Managing Partner			
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
(Use blank sheet, or copy and use addition	nal copies of this sheet, as	necessary.)				

					B. INFO	ORMATI(ON ABOU	J T OFFE	RING				
1. H	as the issuer	sold, or do	es the iss	uer intend			dited inver					Yes No	
2.	What is the n	ninimum i	nvestmen	t that will	be accepte	ed from an	ıy individu	al?		•••••		No minimum	
	3. Does the	offering pe	ermit joint	ownershi	p of a sing	gle unit?	***************************************	• • • • • • • • • • • • • • • • • • • •		•••••		Yes No	
:	4. Enter the indirectly, an securities in tregistered with (5) persons to for that broken	y commis the offerin th the SEO to be listed	sion or sing. If a pe C and/or ware assoc	milar remu rson to be vith a state	neration f listed is a or states,	or solicita n associate list the na	tion of pured person of the	chasers in or agent of broker or o	connection connection for a broker dealer. If	on with sa or dealer more than	five	[] [X]	
N/A													
Full	Name (Last n	ame first,	if individ	ual)									
Busin	ness or Resid	ence Addı	ress (Num	ber and St	reet, City,	State, Zip	Code)				_		
Nam	e of Associat	ed Broker	or Dealer	,	·								
	s in Which P ck "All State							*************		[] A	ll States		
[AL] [IL] [MT] [RI]	[IN]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[PA]	
Full	Name (Last r	ame first,	if individ	ual)									
Busi	ness or Resid	ence Add	ress (Num	iber and Si	treet, City,	State, Zip	Code)				<u>. </u>		
	es in Which P									[] A	ll States	;	
[AL] [IL] [MT] [RI]	[IN]] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[PA]	
Full	Name (Last r	iame first,	if individ	lual)									
Busi	ness or Resid	ence Add	ress (Num	ber and S	treet, City	State, Zip	p Code)						
Nam	e of Associat	ed Broker	or Deale	r			- <u>- ,</u>	<u> </u>					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
[AL] [IL] [MT [RI]	[IN]] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[СА] [КҮ] [NJ] [ТХ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[PA]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate	Amount Already Sold
n t	Offering Price	0166.052.251.06
Debt Favity	\$ <u>165,053,351.86</u> \$	\$ <u>165,053,351.86</u> \$
Equity [] Common [] Preferred	\$	J
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$165,053,351.86	\$165,053,351.86
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	516	\$165,053,351.86
Non-accredited Investors	510	\$ <u>105,055,551.80</u> \$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	[] \$	
Printing and Engraving Costs		
Legal Fees		
Accounting Fees	r 7	
Engineering Fees		
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify)		
Total	[] \$0	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Questions 4.a.

This difference is the "adjusted gross proceeds to the issuer." \$

\$165,053,351.86

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b above.

	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[] \$	[]\$
Purchase of real estate	[] \$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[] \$	[]\$
Construction or leasing of plant buildings and facilities	[] \$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$	[]s
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	[]\$
Other (specify):	[] \$	[]\$
Column Totals	[]\$	[]\$
Total Payments Listed (column totals added	[]\$	<u>N/A</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type) Deutsche Bank Americas Holding Corp.	Signature	Date February 28, 2002
Name of Signer (Print or Type) Steve Vigneron	Title (Pfint or Type) Director of Benetits of Deutsche Bank Americas	s Holding Corp.

ATTENTION

Intentional misstatements or omissions of fact constitute federal crime violations. (See 18 U.S.C. 1001.)